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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/693,022			ing Date 23/2003	☐ To be Mailed	
	Al	PPLICATION	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY									
FOR			IUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A			N/A		
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		٠		П	x s =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *		•			X \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fractior 35 U.S.C. 41(a)(1)(G) and 37 (			n size fee due for each thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							П						
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		l '	TOTAL		
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY           GLAM/S         HIGHEST         HIGHEST         HIGHEST													
AMENDMENT	04/11/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1-16())	* 32	Minus	** 32		= 0	П	X \$26 =	0	OR	X S =		
	Independent (37 CFR 1.16(h))	• 6	Minus	6		- 0	П	X \$110 =	0	OR	X S =		
	Application Size Fee (37 CFR 1.16(s))						П						
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
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M	Independent (37 CFR 1 16(h))		Minus	***		-	ı	X \$ =		OR	x s =		
Z.	Application Size Fee (37 CFR 1.16(s))												
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
I A P P P P P P P P P P P P P P P P P P									estrument Ex	OR	TOTAL ADD'L FEE		
***	"I the entry in column 1 s less than the entry in column 2, white 0 in column 3.  **II the "Highest Mumber Previously Paid For IN THIS SPACE is less than 30, enter "20"  ***II the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  ***II the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  ***The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  ***The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  ***The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  ***The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  ***The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "3"  **The "Highest Number Proviously Paid												

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a barrefit by the public which is to file (and by the USPTO) to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of the time you require to complete his long and or suggestion for neducing the thinds, should be sent to the Cited information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrius, W. 22313-1450, D.O. NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.